

# How to Complete the Conflict of Interest (COI) Disclosure

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## 1. COI FORM INSTRUCTIONS

1. Go to the **Online Disclosure Form** here:  
<https://cmetracker.net/MSUDISC/login?FormName=DiscLoginLive>
2. You should see a screen that looks like this:

The screenshot shows the login interface for the Michigan State University Online Disclosure Form. At the top, the Michigan State University logo is displayed in green. Below it, a header bar reads "Sign in for Online Disclosure". The main content area has a "Sign In" title and a "Welcome!" message. It instructs users to follow the steps below: 1. Enter your Email Address: (with a text input field). 2. Please select one of the following: (with two radio button options: "I already have a password, and my password is:" and "I am a new user (You'll create a password later)"; a "Forgot Password?" link is also present). 3. A green "Sign In" button with a right-pointing arrow.

\*For a small number of people, this link will not work (we don't know why). If you click the link and continue getting an error or the page does not load, please reach out to [rhodabe2@msu.edu](mailto:rhodabe2@msu.edu) to receive a PDF version of the COI form.

3. Follow either step "a" if you have an account or "b" if you don't have an account below:
  - a. If you have completed this COI form before:**
    - i. **Line 1:** enter the email address you used last year.
    - ii. **Line 2:** select "I already have a password" and enter the password you created last year (Click "Forgot Password?" to reset your password if needed).
      1. If you click "Forgot Password" your password will automatically be sent to the email address entered on Line 1 (only if an account already exists). Go to your email to retrieve your password.
    - iii. **Line 3:** click the green "Sign In" button.
    - iv. Continue to step 4.
  - b. If this is your first time completing the COI form, you'll need to first create an account:**
    - i. **Line 1:** enter the email address you would like to use for your account.
    - ii. **Line 2:** select "I am a new user".
    - iii. **Line 3:** click the green "Sign In" button. You should see the screen below:

## How to Complete the Conflict of Interest (COI) Disclosure

MICHIGAN STATE UNIVERSITY

Sign in for Online Disclosure

Creating an Account - Search for existing records

Your account was not found by email address. Click to create a new account.

Continue

- iv. Click **“Continue”** and complete the **“Online Registrant Profile”** which should appear on the next screen:

MICHIGAN STATE UNIVERSITY

Online Registrant Profile

Enter information in each field. Press tab to move to next field. Click CONTINUE to complete your profile.

Registrant Information

\* First Name \* Last Name \* Credentials \* Department

\* Gender \* Affiliation/Organization \* Specialty

Sub Specialty Special Dietary Needs Special ADA Needs AOA #

Contact Information

\* Address

\* Country \* City \* State/Prov \* Zip/Postal Code

\* Phone Number \* Cell Number

Login Information

\* Email Address \* Re-Enter Email Address \* Password \* Re-Enter Password

Continue

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- v. After completing the form, you will be returned to the **“Sign In”** screen.

Sign In

Welcome!

To sign in, please follow the steps below:

1. Enter your Email Address: [ ]

2. Please select one of the following:

☒ I already have a password, and my password is: [ ] [Forgot Password?](#)

☐ I am a new user (You'll create a password later)

3. [Sign In](#)

- vi. Now sign in, following the instructions from step **“3a”** above and then continue to **Step 4** below.

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4. You should now see a screen that looks like this:

**a.**

**b.**

**c.**

**d.**

**Read Me**

**Disclosure Declaration**

Hilari Louise Rhodabek, N/A  
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East Lansing, MI 48824  
rhodabek@msu.edu

\*Board Certified Specialty:  
N/A  
(252 characters remaining)

\*Institutional Affiliation - MSU, Sparrow, Other (specify):  
MSU  
(252 characters remaining)

\*Role in the CME Activity:

☐ Planner ☐ Presenter ☒ Staff ☐ Content Validation Expert

Michigan State University is accredited by the Accreditation Council for Continuing Medical Education (ACCME). As an accredited provider, the CME Office requires that all of its CME activities adhere to the ACCME's commercial support, independence and content validation requirements.

Circumstances create a conflict of interest when an individual has an opportunity to influence CME content about products or services of an ineligible company with which they have a financial relationship. Financial relationships are those in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest, or other financial benefit. Financial benefits are usually associated with roles such as employment, independent contractor, and membership on advisory committee/review panels, board membership, and other activities from which remuneration is received or expected.

Ineligible companies (formerly known as "commercial interests"): Organizations that are ineligible to be accredited in the ACCME system are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Examples include:

- Advertising, marketing or communication firms whose clients are ineligible companies
- Bio-medical startups that have begun a governmental regulatory approval process
- Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors
- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers or sellers of medical foods and dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers

For more information, visit ACCME link [ACCME link](#)

All individuals in a position to control the content of this activity must disclose ALL financial relationships, whether or not there is direct commercial support for the CME activity. **Individuals who refuse to disclose ALL financial relationships will be disqualified from planning and implementation of this activity.** The intent of this disclosure is not to prevent a speaker with relationships from making a presentation, but rather, to provide audience members with information on which they can make their own judgments.

When a person divests themselves of a relationship with an ineligible company, it is no longer considered a conflict of interest, but it must be disclosed to learners for 24 months.

**General Content of CME Activities**

\*Please select the topics that will be covered by this disclosure form:

☒ All Topics

|                                                      |                                                          |                                                                      |
|------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Anesthesiology              | <input type="checkbox"/> Adolescent Medicine             | <input type="checkbox"/> Allergy, Immunology, Rheumatology           |
| <input type="checkbox"/> Cardiology                  | <input type="checkbox"/> Asthma                          | <input type="checkbox"/> Behavioral Health                           |
| <input type="checkbox"/> Dermatology                 | <input type="checkbox"/> Compliance                      | <input type="checkbox"/> Critical Care Medicine                      |
| <input type="checkbox"/> ENT                         | <input type="checkbox"/> Emergency Medicine              | <input type="checkbox"/> Endocrinology/Diabetes/Metabolism           |
| <input type="checkbox"/> Family Medicine             | <input type="checkbox"/> Epidemiology                    | <input type="checkbox"/> Faculty Development                         |
| <input type="checkbox"/> Geriatrics                  | <input type="checkbox"/> Functional Medicine             | <input type="checkbox"/> Genetics                                    |
| <input type="checkbox"/> Holistic Medicine           | <input type="checkbox"/> Gastroenterology                | <input type="checkbox"/> Hematology/Oncology                         |
| <input type="checkbox"/> Infectious Disease          | <input type="checkbox"/> Immunology                      | <input type="checkbox"/> Internal Medicine                           |
| <input type="checkbox"/> Medical Ethics              | <input type="checkbox"/> Integrative Medicine            | <input type="checkbox"/> Lifestyle Medicine                          |
| <input type="checkbox"/> Neurosurgery                | <input type="checkbox"/> Neurology                       | <input type="checkbox"/> Neonatal-Perinatal Medicine                 |
| <input type="checkbox"/> OB/GYN                      | <input type="checkbox"/> Nephrology                      | <input type="checkbox"/> Nuclear Medicine                            |
| <input type="checkbox"/> Orthopedics                 | <input type="checkbox"/> Oncology                        | <input type="checkbox"/> Osteopathic Manipulative Medicine/Treatment |
| <input type="checkbox"/> Palliative Care             | <input type="checkbox"/> Ophthalmology                   | <input type="checkbox"/> Pain Medicine                               |
| <input type="checkbox"/> Physical Medicine and Rehab | <input type="checkbox"/> Patient Safety                  | <input type="checkbox"/> Pathology                                   |
| <input type="checkbox"/> Psychiatry                  | <input type="checkbox"/> Pediatrics                      | <input type="checkbox"/> Plastic Surgery                             |
| <input type="checkbox"/> Sports Medicine             | <input type="checkbox"/> Quality Improvement             | <input type="checkbox"/> Radiology                                   |
| <input type="checkbox"/> Transplant Surgery          | <input type="checkbox"/> Surgery                         | <input type="checkbox"/> Toxicology                                  |
| <input type="checkbox"/> Urology                     | <input type="checkbox"/> Trauma                          | <input type="checkbox"/> Urgent Care                                 |
|                                                      | <input type="checkbox"/> Other topic-Please enter below. |                                                                      |

Use only if you need to enter a topic that is not listed above.

(255 characters remaining)

Please review **Financial Relationship Disclosure** section and complete

\*Do you currently have (or within the past 24 months) had a financial relationship with one or more ineligible company(ies)?

☒ NO

☐ YES

\*Signature (please type your signed name): Hilari Rhodabek

\*Date (mm/dd/yyyy): 10/24/2025

- a. Fill in your “Board Certified Specialty” and “Affiliation” as it applies to you. If you don’t have one, you can enter “N/A”.
- b. Select your Role (or Roles) in assisting with the MMH Conference activities. Select the following if:
- **Planner:** You are part of the conference planning committee in some capacity.
  - **Presenter:** You will present educational material at the conference.
  - **Staff:** You are paid a wage (not honoraria or travel reimbursement) to provide organizational support of conference education materials.
  - **Content Validation Expert:** You review and help select or influence educational material which will be presented at the conference. (Peer Reviewers should select this option.)
- c. Under the “General Content of CMEs” section, you can just select “All Topics”.
- d. Select “NO” or “YES” to indicate whether you have a financial relationship with an ineligible company.
- If you are not sure what this means, please review the section of text marked above as “**Read Me**” on your disclosure form. This section explains “Financial Relationships” and “Ineligible Companies”.
- e. Type your signature as indicated, and enter the date you signed the form.
- f. Click “Submit” to complete your COI form. 😊 You are done with your COI form for the year.

# How to Complete the Conflict of Interest (COI) Disclosure

## 2. CHECKING STATUS OF A COI FORM

To check the status of your or someone else's COI form:

1. Go to <https://cmetracker.net/MSUDISC/Login?formname=outDiscAccess>
2. Find the name of the person you're checking for in one of the alphabetized dropdowns and then click the "Continue" in the same box as the dropdown you are using.

**MICHIGAN STATE UNIVERSITY**

**CME Disclosure Forms**

Please select a person from the dropdown, then press 'Continue' to view and print their Disclosure form

**Person Select A-L**

Person A-L  
Abazeed, Ali

Continue

**Person Select M-Z**

Person M-Z  
Roederer, Renee

Reid, Mallet

Reid, Michael

Reik, Rebecca

Reinstein, Linda

Restini, Carolina

Reyes, Gwendolyn

Reyes, Melanie

**Rhodabeck, Hilari Louise**

Richardson, Gabe

Riekse, Robert

Rivara, Frederick

Rizk, Haoura

Roberts, Jeffrey

Roberts, Kristen

Roberts, Nicole

Robinson, Mikelle

Roche, Jessica

Rochin, Daniel

Roder, Jesse

Roederer, Renee

Continue

3. Open the PDF that automatically downloads (check your downloads folder if you can't find it).
4. Review the "**Date Signed**" found at the bottom of the second page of the PDF.
  - a. The date must be within one year of the upcoming conference to be current.
  - b. It is best to complete the form every year to ensure there is no lapse in compliance.

# How to Complete the Conflict of Interest (COI) Disclosure

## 3. QUESTIONS AND TROUBLESHOOTING

### **Q: Why do I have to fill out this form?**

**A:** The COI form is a requirement for the Michigan State University (MSU) [Continuing Medical Education](#) (CME) office and of [The Accreditation Council for Continuing Medical Education](#). to ensure that educational spaces are free from the influence of commercial interests.

Anyone in a position to control educational content for a CME-accredited activity must complete this form. We will not be approved to provide CME credits to conference attendees if we do not have everyone complete the COI form before the conference.

### **Q: I already filled it out once. Do I have to do it again?**

**A:** The COI form must be renewed every year, so you will need to complete it again even if you completed it last year.

### **Q: The link I was provided for the COI form is not working?**

**A:** Unfortunately the link does not work for some people. Please reach out to [rhodabe2@msu.edu](mailto:rhodabe2@msu.edu) to receive a PDF version of the form that can be filled out and returned.

### **Q: What happens if I do have a financial relationship with an ineligible company?**

**A:** Please select “YES” on your form! The CME office will just need to resolve the Conflict of Interest – which typically means we will reach out with another form to fill out, and the CME office will need to review any relevant presentation materials to ensure the topics represent a balanced, evidence-based medicine approach. For more information, read the section titled “**Conflict Mitigation Actions**” on the [CME Policies and Procedures page here](#).